

## REIMBURSABLE AGREEMENT CUSTOMER PROFILE FORM

The Reimbursable Customer Profile has been developed to provide one form for necessary information for customers and contacts which need to be established in the Bureau of Industry (BIS) and National Oceanic and Atmospheric Administration (NOAA) Core Financial System (CFS) customer database prior to the establishment of a reimbursable agreement. This information will be used by NOAA only for the purposes stated above and access to this data will be restricted to authorized personnel who may only use the information for those specified purposes. The form should be completed by the Line Office responsible for the agreement and submitted to the Finance Office for inclusion in the database of those customers and contacts who have not yet been established in the CFS.

Unless otherwise noted, only the italicized fields on the form need to be completed for an individual customer (Consumer).

<b><u>Field Name</u></b>	<b><u>Description</u></b>
<i>New or Change</i>	Check the box which indicates if the form is for a new Customer Profile or to change a customer profile. <i>Note: If the profile is a change, complete the Name field and those fields which have changed. The other fields should remain blank.</i>
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<b><u>NAME:</u></b>	
<i>Legal Name</i>	Enter the full name of the customer
<i>Division/subunit</i>	Enter the division and/or subunit the customer represents. <i>Note: This field does not apply to Individual customers/Consumers.</i>
<i>Acronym or shortened name</i>	Enter the commonly known acronym or name for the customer. <i>Note: This field holds a maximum of 6 alphanumeric characters.</i>
<i>Type of Customer</i>	Check the Customer type for the customer. <i>Note: The list of valid customer types can be found on the form. Check only one customer type.</i>
<i>Agency Location Code (ALC)</i>	Enter the unique agency location code assigned by the Department of Treasury for the bureau that will issue the bills. <i>Note: This field is for federal government agencies only.</i>
<i>Bill through IPAC?</i>	Check the 'Yes' box if the bill will be processed through the Intragovernmental Payments and Collections (IPAC) system; otherwise check the 'No' box..
<i>Taxpayer Identification Number (TIN)</i>	Enter the unique taxpayer identification number (TIN) assigned by the Department of Treasury for the customer. <i>Note: The TIN number is totally numeric and requires the format of 999-99-9999 or 99-9999999.</i>

***SSN (individual/sole proprietorship)***

Enter the unique social security number assigned by the Department of Treasury if the customer is an individual or sole proprietorship.  
*Note: The SSN is totally numeric and requires the format of 999-99-9999.*

***EIN (Corporation/partnership/sole proprietorship with one or more employees)***

Enter the unique Employer Identification Number (EIN) assigned by the Department of Treasury if the customer is a corporation, partnership or sole proprietorship with one or more employees.  
*Note: The EIN is totally numeric and requires the format of 99-9999999.*

***Parent Company Name***

Enter the customer's Parent Company Name.

***Parent Company EIN***

Enter the unique Employer Identification number (EIN) of the Parent Company.  
*Note: The EIN is totally numeric and requires the format of 99-9999999.*

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**Customer Name and Billing Contact Name and Address**

***\*Customer Name***

Enter the name of the customer sponsoring the reimbursable agreement

***\*Contact Name and/or Title***

Enter the name of the billing contact for the reimbursable agreement or the title of the billing contact.

***\*Address Line 1***

Enter the first line of the mailing address for the customer.

***Address Line 2***

A 2<sup>nd</sup> address line is available if needed

***\*City***

Enter the name of the city of the mailing address for the customer

***\*State***

Enter the state of the mailing address for the customer

***\*ZIP***

Enter the 5 digit zip code for the above address.

***\*Country***

Enter the country of the customer.

***\*DUNS Number***

Enter the unique nine digit identification number provided by Dun & Bradstreet. The DUNS number is site specific. Therefore, each distinct physical location of an entity such as branches, divisions, and headquarters, may be assigned a separate DUNS number.

***Phone #***

Enter the phone number for the customer contact.

***Fax #***

Enter the fax phone for the customer contact.

***Internet E-mail address***

Enter the e-mail address for the customer contact.

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**Acceptance Contact  
Name and Address**

- \*Contact Name and/or Title*** Enter the name of the acceptance contact for the reimbursable agreement or the title of the acceptance contact.
- \*Address Line 1*** Enter the first line of the mailing address for the acceptance contact.
- Address Line 2*** A 2<sup>nd</sup> address line is available if needed.
- \*City*** Enter the name of the city of the mailing address for the acceptance contact.
- \*State*** Enter the state of the mailing address for the acceptance contact.
- \*ZIP*** Enter the 5 digit zip code for the above address.
- \*Country*** Enter the country of the acceptance contact.
- \*DUNS Number*** Enter the unique nine digit identification number provided by Dun & Bradstreet. The DUNS number is site specific. Therefore, each distinct physical location of an entity such as branches, divisions, and headquarters, may be assigned a separate DUNS number.
- Phone #*** Enter the phone number for the acceptance contact.
- Fax #*** Enter the fax phone for the acceptance contact.
- Internet E-mail address*** Enter the e-mail address for the acceptance contact.

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**Financial Reporting  
Contact Name and  
Address**

- \*Contact Name and/or Title*** Enter the name of the financial reporting contact for the reimbursable agreement or the title of the financial reporting contact.
- \*Address Line 1*** Enter the first line of the mailing address for the financial reporting contact.
- Address Line 2*** A 2<sup>nd</sup> address line is available if needed.
- \*City*** Enter the name of the city of the mailing address for the financial reporting contact.
- \*State*** Enter the state of the mailing address for the financial reporting contact.
- \*ZIP*** Enter the 5 digit zip code for the above address.

**\*Country** Enter the country of the financial reporting contact.

**\*DUNS Number** Enter the unique nine digit identification number provided by Dun & Bradstreet. The DUNS number is site specific. Therefore, each distinct physical location of an entity such as branches, divisions, and headquarters, may be assigned a separate DUNS number.

**Phone #** Enter the phone number for the financial reporting contact.

**Fax #** Enter the fax phone for the financial reporting contact.

**Internet E-mail address** Enter the e-mail address for the financial reporting contact.

**\* Required information**

***Certification:***

***NOAA individual who filled out the form*** The form should be signed by the NOAA individual responsible for filling out this form along with their typed name, title and date of signature.